

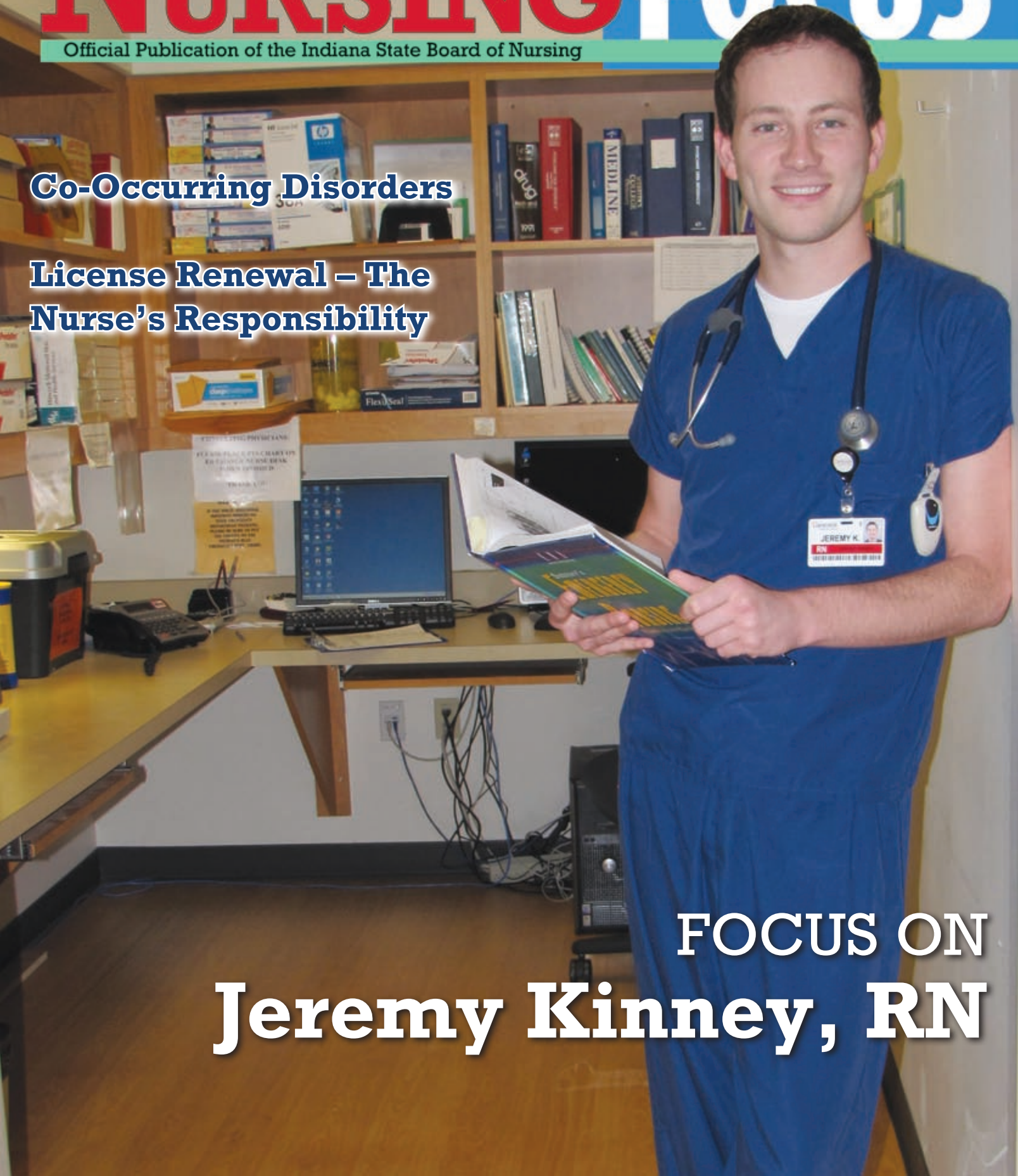
• July 2009 • VOLUME 5 • NUMBER 2 •

NURSING FOCUS

Official Publication of the Indiana State Board of Nursing

Co-Occurring Disorders

License Renewal – The Nurse's Responsibility



FOCUS ON
Jeremy Kinney, RN

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Frances L. Kelly
Executive Director

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Sean Gorman, *Director of the Indiana State Board of Nursing*



Dear Indiana Nursing Professional:

It's summertime, and for the Indiana State Board of Nursing, that means time to wrap up the licensing of all those new May nursing school graduates who have successfully passed their qualifying examination. As soon as we catch our breath, it will be time for R.N. renewals, and that will keep us all quite busy well past the October 31, 2009, renewal deadline. With that in mind, I'd like to use this space to provide some useful information on a handful of topics.

The Numbers

Through the first half of 2009:

There were 86,981 actively licensed R.N.s, 26, 352 L.P.N.s, 2,594 advanced practice nurses with prescriptive authority, and 72 nurse-midwives. For the months of May and June, the Board received 4330 applications for new R.N. licenses and 826 applications for new L.P.N. licensure. As you can imagine, licensing nurses is a high-volume operation.

Renewals

If you are licensed at anytime prior to 90 days before the renewal date for that license, you will need to renew your license in the next renewal cycle. For example, if you are an R.N. newly licensed at anytime prior to August 2, 2009, you will need to pay the \$50 renewal fee and apply for renewal of that license by October 31, 2009, if you wish to continue practicing. Renewal notices are sent to your address on record with the Indiana Professional Licensing Agency. It is very important (as well as a statutory requirement) that you keep your information on file with

our agency up to date. If there are any changes, you can e-mail, write, or call our office to quickly and easily update your contact information.

Pocket Cards

Pocket license cards are now only issued upon initial licensure. If you are already licensed as a nurse, you will never automatically receive a new card upon renewing that license. The most recent licenses issued are considered permanent pocket cards – they do not expire. If you need a replacement card, or if you need a card with an expiration date, they can be ordered for \$10 each via our Web site at www.in.gov/PLA (go to the Purchase Duplicate License link).

I hope you enjoy the rest of your summer, and keep up the good work out there. As always, we would love to hear from you! Please feel free to contact the Indiana State Board of Nursing with any suggestions or comments. Our group e-mail is pla2@pla.in.gov, or we can be reached by telephone at (317) 234-2043.

Yours truly,

Sean Gorman
Director, Indiana State Board of Nursing

Nursing Board Members

The Indiana State Board of Nursing is the Governor-appointed body devoted to advancing and safeguarding the nursing profession in the state of Indiana. Their main duties involve setting standards and accrediting nurse education programs preparing individuals for licensure, licensing individuals prepared and competent to practice nursing, and disciplining licensees found to have violated nursing regulations.

The Board meets on the third Thursday of each month in the auditorium of the Indiana Government Center South, in Indianapolis, Indiana. Board Members conduct business that includes discussing issues of interest to the nursing profession, reviewing applications for licensure, reviewing accreditation requests made by nurse education programs, and conducting disciplinary hearings. The monthly meetings begin at 8:30 a.m. local time and are always open to the public; all interested individuals are encouraged to attend.

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You may be able to participate if you:

- Are female, 65-80 years old
- Are NOT currently taking medication for Osteoporosis
- Have not had certain fractures within the past 2 years

As part of the study you will have:

Bone density testing	Physical exams
Blood and urine testing	Electrocardiograms (EKG)

All study procedures, testing and study medication are provided at no cost to you. In addition, after screening, participants who enroll will receive \$35 per visit for time and travel.

Risks will be disclosed prior to participation.

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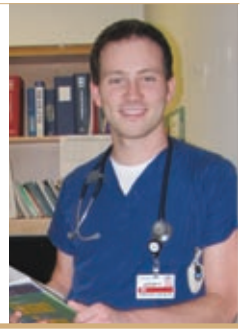
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FOCUS ON

Jeremy Kinney, RN – Emergency Services



Sidebar style: Jeremy Kinney
Hometown: Greenfield, IN
Position/Facility: Registered Nurse, Hancock Regional Hospital
Education: Ball State University
Experience: 3 years RN experience

Jeremy began his career at Hancock Regional by working as a tech in our Nutritional Services Department. He then transferred to our Lab, where he was trained to become a phlebotomist. He then went to ICU, where he worked as a tech. Then when he was in nursing school, he worked as a student nurse.

He is a great example of someone that got his foot in the door and worked his way up through the organization.



I became a nurse because:

JK – I never really thought of nursing until coming here and I had the opportunity to work around the nursing staff. I was able to see all of the different aspects of nursing such as the teaching and education that is involved, the technology and the critical thinking that is needed. That is how the idea of being a nurse first came to me.

Patients would describe me as:

JK – I think my patients would say that I have their best interest in mind. I show a real concern for whatever ailment brought them to the Emergency Room. I try to put myself in their shoes and be aware of their situation. I think they would also say that I'm skillful as a nurse and that I'm good at educating them on things such as medications and the side effects. I also include family members in on the teaching part and explain to them what is going on, what to expect and answer any questions.

I am most skilled at:

JK - I'm really good at IV starts! My years of working in the Lab as a phlebotomist really pay off now as a nurse. If there is a difficult patient for an IV, my co-workers will look for me. I'm also good at keeping my cool in an emergency, and I try to convey this to the patient by having a calming influence.

The most challenging part of my job is:

JK - Having to constantly prioritize in the ED. You have all of these patients that are there for an ailment and they are depending on you to take good care of them, and you have to determine what is essential and prioritize what needs to be done first.

If someone is there with a broken arm and then all of a sudden a patient arrives with chest pains which could be life threatening, you have to address this and provide safe and good care immediately.

The one thing I would change about my chosen profession:

JK - The lack of instructors on the college level. There are so many people that have an interest in either going to school or going back to school and get into nursing, but because of the lack of faculty, they don't have the opportunity. I wish the different schools we have could do something to increase their faculty.

If I weren't a nurse, I might be:

JK - I would probably be a travel agent! I love to travel. I've been to several countries in Europe and to Japan. I had the chance to backpack through Europe for a summer when I was in college. My favorite city is Rome, and I love the food in Italy. I have friends that come to me to help them plan their vacations. I've even helped plan honeymoons for friends.

The thing I like most about nursing:

JK – The great feeling of satisfaction that I have when I leave the job each day. I feel that I have made a positive impact on someone's life that day. I've been able to help someone when they are their most venerable.

Why I chose to practice in Indiana:

JK – I enjoy my job at Hancock Regional Hospital. I enjoy the people that I work with. It helps too that the cost of living is really good, and it's helping me get my school loans paid!

The best advice I could give a new nurse is:

JK – Don't be afraid to ask questions from the more experienced nurses. Take advantage of the experience that they have. And don't be afraid to share your knowledge you have from being a recent graduate. As quickly as things change, you may have new data or research on new ways of doing something that contributes to a positive patient outcome.

What do you do to relax and just unwind?

Well, (laughs) I love to sing. I love to go out and let off steam by singing karaoke. My favorite song is "Daydream Believer" by the Monkees. I also love photography and doing video editing on my computer.

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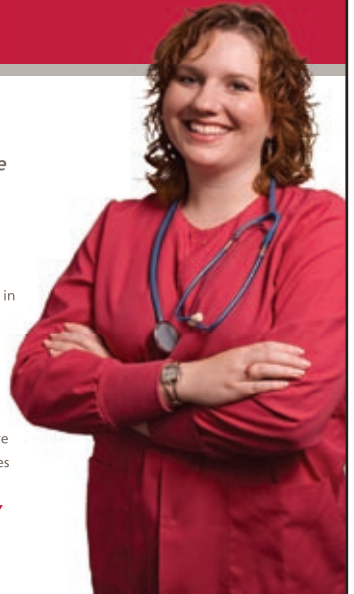
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Lorie A. Brown, R.N., M.N., J.D.

"ASK A NURSE ATTORNEY"

Nurses, welcome to "Ask a Nurse Attorney." This section is designed for licensed nurses to ask questions to a nurse attorney. If you have a question that you would like to have answered, please feel free to e-mail Lorie@brownlaw1.com. If your question is selected, it will appear in the upcoming issues of Nursing Focus.

Dear Nurse Attorney,

I work at a home health care agency and travel throughout seven counties within the state to visit patients. During the winter, I was asked to see non-emergency patients during snow storms when winter weather warning advisories had been issued. I feel that my employer put my life in jeopardy in that the roads were so bad, yet my employer required me to see patients. What should I do?

Snowed-In RN

Dear Snowed-In RN:

Indiana is an employment-at-will state which means the employer can direct you to do anything they want, and you are required to perform that task. For example, if an employer asked you to float to a different unit and you did not have experience on that unit, you would still be required to follow the direction of your employer. If you do not, this could be considered patient abandonment. When you are asked to do something in which you feel uncomfortable, I suggest that you write yourself a note regarding the circumstances and who you discussed your concerns with and keep it. If this continues to happen, I would find another job. Your license is too valuable to be placed in jeopardy, and your life is too important to be placed in an unsafe position by the unreasonable request of your employer.

Lorie A. Brown, R.N., M.N., J.D.

Dear Nurse Attorney:

I am in the process of filling out the application for my license renewal. One of the questions asked is, "Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse?" I have been disciplined for tardiness, but that is not within the scope of my practice as a nurse. How should I answer the question?

Tardy RN

Dear Tardy RN:

If you have been disciplined, you must disclose it. The Board simply wants to hear the subject of the discipline and would rather be informed than to find out later. Depending on the reason for the discipline, the Board will most likely issue a license. If the Board has any concerns, they will call you in for additional questioning, but will then, depending on the circumstances, most likely issue the license. It is better to be safe and disclose to the Board than to be sorry. If a nurse fails to answer truthfully, the nurse is subject to disciplinary action which, in this case, usually results in a fine of \$250.00. Also, this disciplinary action will be part of your permanent public record.

Lorie A. Brown, R.N., M.N., J.D.

Lorie A. Brown, R.N., M.N., J.D., of Brown Law Office, Indianapolis, Indiana, (317) 465-1065, is a practicing nurse-attorney who represents nurses for licensing issues before the Board and for contracting matters. The views expressed in this column are those of the author. www.brownlaw1.com

License Renewal – The Nurse's Responsibility



In Indiana, the renewal of a nursing license is required every two years. According to the Indiana Code and the administrative rules promulgated to implement it, renewal of the license to practice nursing is done on odd numbered years for registered nurses and even numbered years for practical nurses (848 IAC 1-1-8). The license recognizes an individual as a member of a prestigious group that is one of the most respected

not understand the significance of that failure to renew. The Board has ruled to deny licensure to an individual practicing without a license until the individual fully recognizes, personally and publicly, the seriousness of their negligence to renew. Catalano (2006) sites failure to renew as a reason for state boards of nursing across the country to "revoke a nursing license." While the Board may grant a path back to active licensure after the licensee accepts responsibility for what the Board considers to be a very serious offense, the disciplined nurse will always have a license that shows the history of having had a previous disciplinary action taken against that license.

Failure to renew a licensure is far-reaching. Along with the ISBN, employers share in the responsibility to verify that the individual nurse has a valid, active nursing license. The nurse that has not renewed is practicing nursing without a license and is breaking the law and is subject to not only disciplinary action by the Board against any nursing license (even if expired), but that nurse also faces criminal liability as well. Healthcare organizations employing the nurse without a current license are also violating the law. The Joint Commission (JC)

nursing license. We have ruled to deny applications for renewal of licensure to individuals found to have practiced without a license. Remember to renew licensure prior to the renewal deadline, odd years for registered nurses and even years for practical nurses. The Indiana Professional Licensing Agency (IPLA) does send a courtesy renewal reminder to the contact information on file with the Board, and while it is uncommon, these renewal reminders do not always arrive at the intended destination for any number of reasons. Therefore, it is helpful if an individual places a renewal reminder on his or her calendar. Registered nurses will need to renew licensure prior to October 31, 2009. The renewal process will be available two months prior to the renewal date, at or around August 1, 2009. It is your responsibility as a nurse to maintain an active license if you intend to practice in the State of Indiana.

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Hudson, M. (2008). *Enhancing awareness of nursing regulation through a board of nursing orientation program for chief nursing officers*. *Nursing Administration Quarterly*, 32, 312-316.

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professions in the world (Ridenour, 2003).

Finding oneself practicing without a valid license is a predicament for the practicing nurse to consider seriously. According to Indiana law, any individual who is practicing, or offers to practice nursing, as a registered nurse or a licensed practice nurse in Indiana "shall hold a current Indiana license as proof of their legal authorization to practice." The intent of the law is to protect the public from nurses that do not possess a valid license to practice, including expired licenses.

The ISBN has repeatedly witnessed nurses who have missed several renewal cycles who continued to practice and did

is clear regarding the verification annually of all professions requiring licensure for practice. JC delineates for the employer the responsibility of this process and the standard for written documentation verifying valid licensure before hire and throughout the provider's employment. Health delivery organizations in non-compliance may be risking sanctions from JC for failure to meet the standard, possible fraud and abuse charges under the Medicare and Medicaid laws, and risk negligence in protecting their own clientele from unlicensed practitioners.

ISBN is responsible for dealing with nurses practicing nursing without a valid

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Renewal Questions and Answers

When you apply to renew your license, the application asks the following questions that you are required to answer. To avoid any unintended renewal fraud issues, I advise renewal applicants to err on the side of full disclosure. The Nursing Board asks these questions not to impose discipline on every nurse who has ever had a criminal conviction or who has been reprimanded by an employer, but requires this information to determine whether a situation calls into question the nurse's ability to practice safely. Remember, the Nursing Board's primary purpose is to ensure public protection through the licensing of nurses in the state:

- 1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or have formal charges pending?
- 2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?
- 3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or have criminal charges pending?
- 4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?
- 5.) Since you last renewed, have you been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a nurse or as another health care professional?

I am often asked what kinds of situations trigger the need to answer yes to one or more of those questions, and more often than not, the answer is very simple. Read the question carefully, and if you think there's a possibility that the Board may require disclosure, you should answer yes and provide an explanation. Too many times I see a situation where the nurse doesn't answer truthfully to a question on the renewal application, which technically constitutes renewal fraud, a disciplinable

offense, an otherwise completely innocuous issue (or other whatever the situation may be). If you are caught, the Board will most certainly issue some kind of disciplinary action against your license, and that action becomes part of your permanent record. Thirty years from now when your new employer goes to verify that license, that previous disciplinary action will show up and you'll have to explain again why you didn't truthfully disclose the fact that you were terminated from a previous employer for an otherwise completely innocuous issue.

Note that the renewal application asks for this information about events that have happened since you last renewed. If you previously disclosed a situation to the Board, there is no need to revisit it.

Another question we see a lot of creative interpretation about is question number three. The Board takes a very broad and literal interpretation of the question. A common misconception is that because you were involved in a criminal diversion program that dismissed the criminal charges after a period of time or a conviction was legally expunged, you do not have to divulge information about that event. That is false. If you pled guilty or were convicted of a crime, any misdemeanor or felony, or if there are charges pending, you must answer yes, regardless of whether that criminal record was later amended. Otherwise, a "No" answer constitutes renewal fraud.

When you answer "Yes" to a question, you will be required to submit a written statement detailing the circumstances surrounding that "Yes" response. Again, this is another area where I advise applicants to err on the side of full disclosure. The more details, the more likely a decision on your application can be made without delay. Several times I have seen nurses scheduled to appear before the Board on a pending renewal application because they did not provide enough information in their positive response statement. Don't let that happen to you!

It should go without saying, but the best bet for nurses is to read the renewal questions carefully and to answer them truthfully and honestly.

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Disciplinary Actions

Indefinite Suspension—Indefinitely prohibited from practicing for a specified minimum period of time.

Indefinite Probation—License is placed on probation for a specified minimum period of time with terms and conditions.

Renewal Denied—The nurse's license will not be renewed, therefore, she/he does not have a license to practice in Indiana.

Summary Suspension—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

Revoked—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation.

CEUs—Continuing Education Credits

Fine—Disciplinary fee imposed by the Board.

Censure—A verbal reprimand given by the Board.

February 19, 2009 Board Meeting

NAME	License #	Board Action Taken
Andrea Casterjon	28070223A	Continued
Hillary Cravens	28180425A	Probation Withdrawn
Leah Tucker	27050118A	Indefinite Suspension; \$500.00 fine
Rhonda Deaton	27033295A	Indefinite Suspension; \$250.00 fine
Mark Bertsch	28149025A	Indefinite Suspension
Carmen Bonner	27032143A	\$250.00 fine CEU's
Connie Dobson-Ribera	27057311A	Probation Withdrawn
Miriam Bibbs	27035351A	Notice of Proposed Default
Jessica Pennell-Humphrey	28155554A	\$250.00 fine
Tina M. Smith	27048173A	\$250.00 fine
Monique Clawson	28145449A	\$250.00 fine
Renee Richardson	28149801A	Indefinite Suspension; \$250.00 fine
Patricia Haag	28130851A	Indefinite Probation
April Vincenski	27061623A	Continued on Indefinite Probation
Susan Halliburton	27047116A	Indefinite Suspension; \$500.00 fine
Debra Patton	27038276A	Notice of Proposed Default
Anne Sokol	28083965A	Notice of Proposed Default
Kelly Jo Williams	28110608A	Extension of Emergency Suspension
Angela Epperson	27055905A	Notice of Proposed Default
Cynthia Meyer	28144684A	\$250.00 fine Letter or Reprimand
Melissa Maroney	27032634A	Indefinite Suspension; \$500.00 fine
Rachel Beck	28175033A	Notice of Proposed Default
Kathleen Merk	28141180A	continued
Sonja VanCleave	27038254A	Indefinite Suspension; \$1000.00 fine
Peggy Johnson	27038250A	Notice of Proposed Default
Cheryl Hout	27044286A	Notice of Proposed Default
Janet Smith	28097541A	Indefinite Suspension; \$250.00 fine
Michaeline Kwasny	28075110A	Reschudle for March
Tina Norvell	28161389A	Continued

March 19, 2009 Board Meeting

NAME	License #	Board Action Taken
Sara Trimpe	27055207A	Probation withdrawn
Misty White Gomez	28162439A	Indefinite Probation
Pamela Becker	27039738A	Indefinite Probation
Lea Ann Short	27048771A	Indefinite Probation for school
Courtney Hettle	27045741A	Notice of Proposed Default
Jane Brown	28101769A	\$500.00 fine 12 CEU's
Tammy Fay Berry	27042883A	Indefinite Suspension; \$250.00 fine
Daneen Selhorst	28122887A	Indefinite Suspension
Anida Cook	27049566A	\$250.00 fine 18 CEU's
Kathryn McDowell	28124217A	Continued
Richard Mertens	28181743A	Probation withdrawn
Betsy Eibling	28099583A	Probation withdrawn
Robin Kermode	28124604A	Indefinite Probation
Loretta Sloan	27045250A	Indefinite Probation
Janet Day	27047742A	Notice of Proposed Default
Jennifer Davison	2705371A	Extension of Summary Suspension
Sandra Love	27032353A	Continued
Brenda Orndorff	27029130A	Notice of Proposed Default
Barbara Spivey	27030915A	Probation withdrawn
Tara Holmes	28162265A	Probation withdrawn
Debroah Pinkham	28139832A	Indefinite Probation
Jennifer Boggs	27033718A	Indefinite Probation
Cynthia Moon	28100314A	Continued
Laura Boyd	28093759A	Indefinite Suspension ;\$500.00 fine
Tena Barber	27034471A	Notice of Proposed Default
Jennifer Remers	27046281A	Notice of Proposed Default
John Hyde	28146937A	Indefinite Suspension
Benjamin Hewitt	28160854A	Probation withdrawn
Kelly Rockhill	27054256A	Indefinite Suspension

Keri Willison	28155632A	Probation withdrawn
Heather Gwaltney	27046273A	License reinstated free and clear
Yolanda Moore	27059313A	Probation withdrawn
Amy Jones	27044443A	Proposed Dismissal
Gabrielle Schmidt	27037788A	Probation withdrawn
Gay Wuerzburger	28153489A	Probation withdrawn
Sally Todd	27056713A	Indefinite Suspension; \$250.00 fine
Tanya Marlow	27037593A	Reschudle for April
Kathleen Merk	28141180A	Indefinite Suspension ;\$250.00 fine
LaShondra McIntosh	27051908A	Indefinite Probation
Dana Matthews	71002815A	Emergency Suspension
Debra Patton	27038276A	Indefinite Suspension
Sherry Robertson	28097610A	Indefinite Suspension
Vicki Ratliff	28110475A	Indefinite Probation Letter of Reprimand
Janet Smith	28097541A	Indefinite Suspension; \$250.00 fine
Andrea Casterjon	28070223A	Indefinite Suspension
Kathy Packer	28102099A	Emergency Suspension
Deidra Foster	28073254A,	Extension of Summary
	71000210A	Suspension
Amy Moses	27056783A	Indefinite Suspension; \$250.00 fine
Wendy Duggins	27052059A	Indefinite Suspension
Donald Creamer	27043068A	Indefinite Suspension; \$500.00 fine

April 16, 2009 Board Meeting

NAME	License #	Board Action Taken
Evelyn Barr	27016747A	Indefinite Probation
Michaeline Kwasny	28075110A	probation withdrawn after 24 CEU's received
Shawn Windle	28138098A	Indefinite Probation
Megan Hauselman	28178216A	Probation withdrawn
Carla Jackson	27031266A	Indefinite Probation
Annedda Busse	28116684A	Probation withdrawn
Kimberly Geise	27027375A	Indefinite Probation
Rachel Finchum	27047488A	Probation withdrawn
Mary Edwards	28142623A	Emergency Suspension
Scott Lucas	27054386A	Emergency Suspension
Kathryn McDowell	28124217A	continued
Valerie Brambert	27057693A	continued
Kristie Boller	27050420A	continued
Kimberly Emery	27038710A	continued
Lorenda Fleek	27037334A	Notice of Proposed Default
Kathleen Fuller	27048468A	Notice of Proposed Default
Kathy Bezy	27031826A	Indefinite Suspension;\$250.00 fine,24 CEU's
David Timmons	27027519A	notice of Proposed Default set aside Indefinite Probation;\$250.00 fine
Lisa Fornshil-Pasch	27039063A	Notice of Proposed Default
Debbie McCain	27032906A	Notice of Proposed Default
Connie Welsh	28125931A	Notice of Proposed Default
Diane Taylor	27052285A	Notice of Proposed Default
Stephanie Burthay	27052506A	Indefinite Suspension
Joan Dyben	27040050A	Notice of Proposed Default
Kelly Saucedo	27046634A	Notice of Proposed Default
Pamela Ritchie	27042897A	Notice of Proposed Default
Christina Wease	27060768A	Probation withdrawn
Daniel Robinson	27027000A	Notice of Proposed Default
Tonya Marlow	27037593A	Continued to May
Kelly Jo Williams	28110608A	continued
Carrie Williams	27048067A	continued
Kimberly Smallwood	27038942A	continued
Carla Carnahan	28092752A	continued
Renee Taulbee	28130013A	continued
Jane Walters	28077617A	continued
Tondra Nagle	27051176A	continued
Lisa Seith	270523808A	Probation withdrawn
Jill Johnosn	28178254A	Probation withdrawn

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Red Cross Offers New Two-Year Certification and CEUs for Healthcare Professionals

Healthcare providers are often the first people to respond to a life-threatening emergency, so it is critical that you have the necessary skills to help save lives. Maintaining your CPR/AED certification is now less time-consuming, thanks to recent changes by the American Red Cross. The organization now offers two-year certification for healthcare professionals completing its CPR/AED for the Professional Rescuer course instead of every year.

"We periodically review our programs to see if we're in line with the industry standard," says Don Creek, director of Health and Safety Services at the American Red Cross Monroe County Chapter. "One of the things we discovered is that healthcare professionals are generally a group of responders who use their skill sets more frequently than the average person. If you use it more often, whether it's on the job or during in-service training, there's less need for official recertification each year."

Course Specifics

The CPR/AED for the Professional Rescuer course combines discussions and video with hands-on skills training based on real-life rescue scenarios and lessons that reinforce decision-making skills. The course is approximately eight hours and trains responders to react to breathing and cardiac emergencies in adults, children and infants; use an AED on adults and children; employ two-rescuer CPR skills; clear an obstructed airway in conscious and unconscious victims; protect themselves against bloodborne pathogens, and more. The training can be customized to include discussion of when to administer emergency

oxygen, epinephrine or asthma inhalers. Those who successfully complete the course will be issued a "CPR/AED for the Professional Rescuer and Health-Care Provider" certificate.

"Shorter recertification courses are available for those currently certified," Creek says. "Regardless of the certification requirements, the more often you take training - the better."

CEUs Now Available

Many Red Cross course takers are professionals who need continuing education units (CEUs) to maintain a license and/or certification. The Red Cross has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET). IACET's Criteria for Quality Continuing Education and Training Programs are the standards by which hundreds of organizations measure their educational offerings.

The Red Cross makes it easy to obtain CEUs online at RedCrossStore.org. CEUs are offered as an add-on to training courses completed through the Red Cross. Individuals are strongly encouraged to check with their specific regulatory boards, employers or other agencies to confirm that courses taken from IACET Authorized Providers and courses taken for IACET CEUs will be accepted by that entity.

Additional Information

To register for a course or for more information, contact your local chapter or visit RedCross.org.

A photograph of a Black woman in light blue scrubs standing in a clinical setting. In the background, there is medical equipment, including a monitor and a machine with various tubes and dials. The text "THE STRENGTH TO HEAL" is overlaid in yellow and white, with "and focus on what matters most." in white script below it.

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Co-Occurring Disorders

The term “co-occurring disorders” is becoming a common term used to refer to an individual having one or more substance abuse disorders and one or more psychiatric disorders at the same time. It is often interchangeable with the terms co-morbidity, concurrent disorders, dual diagnosis and double trouble.

Dual diagnosis occurs when an individual is affected by both chemical dependency and an emotional or psychiatric illness. Both illnesses may affect an individual physically, psychologically, socially and spiritually. Each illness has symptoms that interfere with a person's ability to function effectively and the ability to relate to themselves and to others. Both illnesses interact with one another. For example, an individual with an undiagnosed psychiatric disorder such as depression may

abuse drugs to alleviate the symptoms of depression. If the person gets treatment for the drug addiction but not for the depression, the depression still exists and the need for relief from its symptoms continues. The person may end up using drugs again to manage the depression symptoms. At times, the symptoms may overlap and even mask each other, making diagnosis and treatment difficult. A person may sincerely try to recover from one illness and not acknowledge

the other. As he/she neglects his/her mental illness, that illness may re-occur. This recurrence may, in turn, lead a person to feel the need to self-medicate through the use of drugs or alcohol. Over time, the lack of progress toward recovery on both fronts may trigger feelings of failure and alienation. The vicious cycle continues without much success.

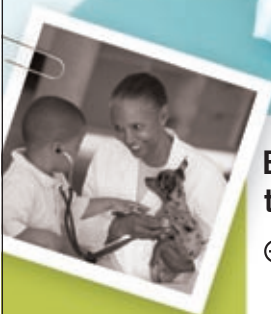
Co-occurring disorders are more common than one might imagine. According to a report published by the Journal of the American Medical Association, 37 percent of alcohol abusers and 53 percent of drug abusers also have at least one major mental health disorder. For people struggling with co-occurring mental health and substance abuse disorders, physical safety and overall health risks are greater, the impairment of life skills greater, the quality of life diminished, and the chances for successful treatment are much less likely. If the two disorders are not treated simultaneously, the illnesses may exacerbate each other, and each disorder predisposes the other disease to relapse.

Continued on page 18

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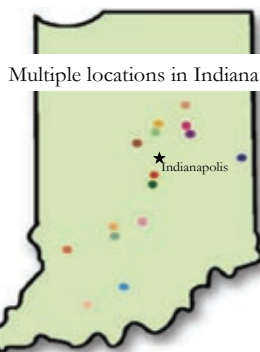
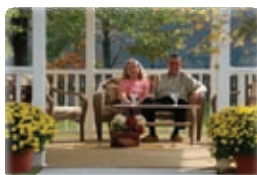
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Often the question is asked, "Which comes first, the substance abuse or the mental health issue?" It depends. Often the psychiatric problem develops first. In an attempt to feel calmer, peppier, less depressed, less scattered, etc., a person may self-medicate by drinking or using drugs. Self-medication, at times, leads to a physical or psychological dependency on alcohol or drugs. If it does, that person then suffers from not just one problem, but two. In other cases, alcohol or drug dependency is the primary condition. A person whose substance abuse problem has become significant may develop symptoms of a psychiatric disorder – perhaps episodes of depression or anxiety, fits of anger or self harm.

Individuals with co-occurring disorders are best served through an integrated screening, assessment and treatment planning process that addresses both illnesses, each in the context of the other. These practices include early identification of individuals with the co-occurring disorders, providing integrated services. It is important that clinical staff is familiar with the characteristics of both mental health

and substance use issues. The person struggling with co-occurring disorders, and who seeks treatment, is more likely to achieve and maintain recovery when these clinical practices are followed. This is best accomplished by coordinating interventions and coordinating treatment among clinicians and physicians who are treating one or both disorders. With the emphasis today on the best evidence-based practices, agencies are now combining services into one seamless package. Thus, better treatment outcomes!

The Indiana State Nurses Association (ISNA) will be sponsoring a Workshop on "Recovery with Co-Occurring Disorders"

WHEN: Friday, October 16th, 2009, 8:30 a.m. – 4:15 p.m.

WHERE: Primo Banquet & Conference Center South, 2615 E. National Ave. Indianapolis, Indiana, phone #: 317-788-4140

TOPICS: "Assessment and Treatment of Co-occurring Personality Disorders with Substance Use Disorders" presented by Dr. Glenn Siegel, MD, and

Mary Pittman, MS, RN, with the Professionals at Risk Program, Elmhurst, IL

"Co-occurring Depression with Substance Use Disorders" presented by Michael Denton, MS, CADAC, Program Manager with Clarian Behavioral Health, Chemical Dependency Services.

"Co-occurring Bi-Polar Disorder with Substance Use Disorders" presented by Kathy Lay, Ph.D., Assoc. Prof., IU School of Social Work

"Uncovering the Secret" presented by four nurses who will tell their story of addiction and recovery.

REGISTRATION: After August 1, 2009, register online at www.indiananurses.org or call ISNAP at 800-638-6623.

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Saturday, Apr 24 – Fun Day At Sea
Sunday, Apr 25 – Los Angeles (Long Beach), CA

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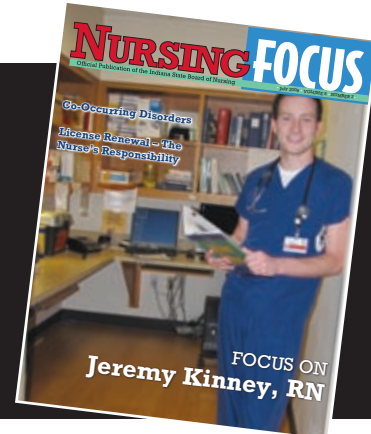
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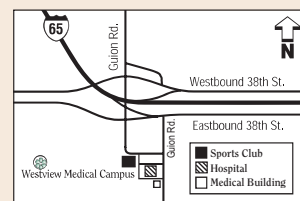
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If you need to verify your Indiana LPN or RN license to another state's board of nursing, you will need to process your official verification through the NURSYS system (www.nursys.com). A nurse can use Nursys.com to request verification of licensure from a Nursys licensure participating board. A list of licensure participating nursing boards can be found at Nursys.com.

The nursys.com Web site contains data obtained directly from the licensure systems of the boards of nursing through frequent, secured updates. Employers and the general public can now verify licenses and receive a report within minutes, free of charge. This report will contain the name, jurisdiction, license type, license number, license status, expiration date and any discipline against the license of the nurse being verified.

Verifications can be processed by completing the online Nursys verification process. The fee for this service is \$30.00 per license type for each state board of nursing where the nurse is applying. Nursys license verification is sent to the endorsing board immediately. Please visit www.nursys.com for more details.

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